



**MAINE DEPARTMENT OF HUMAN SERVICES
DIVISION OF HEALTH ENGINEERING**

RADIATION CONTROL PROGRAM

NAME: _____

FACILITY: _____

ADDRESS: _____

Document desired: **Rules Relating to Radiation Protection**

Quantity desired: _____

Cost per copy: **\$25.00**

Total amount enclosed:

PLEASE make check *payable to*: Treasurer of State and mail to:

**Department of Human Services
Division of Health Engineering
Radiation Control Program
161 Capitol Street
11 State House Station
Augusta, ME 04333-0011**

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